

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

UNITED STATES DISTRICT COURT

for the

Middle District of PA

Scranton Division

Case No.

(to be filled in by the Clerk's Office)

Joel Aaron Silbermann

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Name of All See Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Jury Trial: (check one)  Yes  No

FILED  
SCRANTON

JUN 01 2020

PER

GM  
DEPUTY CLERK

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Non-Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Address

*Jodi Aeron Silberman on Behalf of Veterans  
1808 S Lincoln Ave*

City

State

Zip Code

County

*Lebanon County*

Telephone Number

*610-641-7680*

E-Mail Address

*N/A***B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

## Defendant No. 1

Name

*Rick Santino*

Job or Title (if known)

*Warden [ret] Social Worker*

Address

*1808 S Lincoln Ave*

City

State

Zip Code

County

*Lebanon County*

Telephone Number

*717 292 6621*

E-Mail Address (if known)

*N/A*

Individual capacity     Official capacity

## Defendant No. 2

Name

*Dr. Yoo*

Job or Title (if known)

*Physician*

Address

*1808 South Lincoln Ave*

City

State

Zip Code

County

*Lebanon County*

Telephone Number

*717 292 6621*

E-Mail Address (if known)

*N/A*

Individual capacity     Official capacity

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## Defendant No. 3

Name Harris BergoudJob or Title (if known) Attorney At LawAddress 1700 S. Lincoln AveLebanon  
CityPA  
State17042  
Zip Code

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

 Individual capacity     Official capacity

## Defendant No. 4

Name I need Fresh Air Sunlight AndJob or Title (if known) more Food & Am going outside and eatAddress Here

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-Mail Address (if known) \_\_\_\_\_

 Individual capacity     Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

*VANC Code of conduct*

*Harris Practices Protected by American with Disabilities Act*

Defendants cont,

Dr. Smith  
1700 S. Lincoln Ave  
Lebanon PA 17042  
Lebanon County  
717 272 6621  
Official capacity

Roxanne Costa or full name used as nursing Director  
1700 S. Lincoln Avenue  
Lebanon PA 17042  
Lebanon County  
717 272 6621  
Official capacity

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

Please see Attached for Bivens claim

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

See Attached

- B. What date and approximate time did the events giving rise to your claim(s) occur?

See Attached

- C. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

See Attached

In the court of Pennsylvania  
Federal Court Scranton PA

Joel Aaron Silbermann  
vs.

Civil Action Law

VAMC Et All Veterans Administration  
And All employees listed

Order to And proceed with In Forma Pauperis

And now this day of March 31st 2020 the Petitioners  
motion to Proceed In Forma Pauperis is granted as to  
the Filing Fees and costs

~~Plaintiff is~~ Plaintiff is indigent in state Hospital  
And is unable to pay for court cost to appear  
in court And file lawsuit. I Herby state I am indigent  
And Am otherwise unable to sue on my Behalf

By the court

Sincerely

Joel Aaron Silbermann

6/05 about January 8 I was committed without adequate  
court and AM detained until they refuse to allow me  
Housing opportunities outside the VAMC.

(C) Sexual Harassment And quid pro quo will be witnessed  
by my confidential informant Please Your Honor  
also has QD.2 PRO QD "Without meds you don't work  
And will suffer" Direct authority Dr Smith. Staff are  
believing since 1994 Miller v. Silberman that "plaintiff  
is An child Pornographer And belongs castrated or means  
law"

Defendant will call witnesses who Mr. Silberman is  
Putting through college As his right to spend his  
GT Bill And welfare Benefit.

I ask the court to send An paid private investigator  
to Verify "preferential treatment" To BA conduct  
discharge who known since 1994 Act

(T) I've received Forced Psychia Adm Huldoi And  
other drugs for mental condition which only manifested  
in An institution "AKA schizophrenia". It is Against my  
courage to take Blood From me to use to modify me as  
well As other Form of castration.

(D) I want maximum jury awards over any dollar  
as this is not the first time I've sued the VA or  
the "Actor and aggressor"

P. Bevins claim et all

# petitioner call to order court to Accuse Above And All witnesses except those helping me file paperwork of gross negligence as to their closed hiring practices which I want stopped immediately. Also note their Blatant sexual Harassment of plaintiff and others with my wife Blower who I intend to call on my behalf. witness will testify will video of the hiring practices And Blatant sexual Harassment of plaintiff And asks for formal petition for any one else feeling that the VA will not give them Federal work therapy. And Plaintiff and others feel rejected And where able to apply on VET jobs And obtain through other means. this is an discriminatory practice And needs to stop

### III Statement of claim

Events rose in Lebanon VAMC discriminatory And led to the commitment of ██████ plaintiff Alleging "I need a job Rich How long have you known you for": "All I want is healing therapy And for the harassment to stop immediately; Hange Hostile work environment And quid pro quo As is or Do not take meds threats where made by Staff As to my alleged mental status child porn And raping An 9 year old girl. Please note I slept with several of these women in the dorm in 1987 And have sued previously "See" "Silberman v. Miller" U.S. New York State Court.

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**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

*See Attached*

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**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

*See Attached*

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3-31-2020

Signature of Plaintiff

Jill Anne Lee

Printed Name of Plaintiff

Tori Ann Silverman

**B. For Attorneys**

Date of signing:

Signature of Attorney

Please hire me council your Honor

Printed Name of Attorney

I am pro se and independent

Bar Number

pay will be negotiate upon approval

Name of Law Firm

or my lawyer with no less than

Address

within one year

City

State

Zip Code

Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

# CONCERN/COMPLAINT FORM

If you have a concern about the care we provide, these are the steps you can take to help resolve the issue.

**STEP 1** Write the problem below and present it to a member of the treatment team. The treatment team will address the concern with you and provide a response.

Problem:

Staff will just tell me I am going to get treatment. BECAUSE our staff  
that I am deteriorating in patient. Not to my self I state myself that  
they are not doing there job. All the time I go most of the

Signature and Date - 6-19-06

Your Signature / Date

Response:

Signature of Treatment Team Member / Date

**STEP 2** If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

Signature / Date

**STEP 3** If you are not satisfied with this response, you can be referred to the Patient Advocate. Ask a member of your treatment team to call extension 5918 for an appointment. At the time of your appointment, take this form with you. Joel Umberger, the Patient Advocate, is located in Building 1, Room 144.

Thank you for taking the time to let us know how you feel. We want to use this information to improve our services to you.

# CONCERN/COMPLAINT FORM

If you have a concern about the care we provide, these are the steps you can take to help resolve the issue.

**STEP 1** Write the problem below and present it to a member of the treatment team. The treatment team will address the concern with you and provide a response.

Problem:

Staff refuse to allow my family to speak with me. Also, no thanks to staff that my speech is being recorded. I would like to speak with staff without recording. If I was sick, staff would not let me talk for no reason. I feel like I'm being monitored.

\_\_\_\_\_  
Your Signature / Date

Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Treatment Team Member / Date

**STEP 2** If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

\_\_\_\_\_  
Your Signature / Date

**STEP 3** If you are not satisfied with this response, you can be referred to the Patient Advocate. Ask a member of your treatment team to call extension 5918 for an appointment. At the time of your appointment, take this form with you. Joel Umberger, the Patient Advocate, is located in Building 1, Room 144.

\_\_\_\_\_  
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# CONCERN/COMPLAINT FORM

If you have a concern about the care we provide, these are the steps you can take to help resolve the issue.

**STEP 1** Write the problem below and present it to a member of the treatment team. The treatment team will address the concern with you and provide a response.

**Problem:**

why are they giving exra to others when i was given 0 of my  
meds from the patient sides room and i thought for a little  
man of 74. I want more respect. As stated in service if i am a citizen  
Please tell me what's going on. And I think you should make a change  
during my stay in the hospital

July 2019 - Discharge Date: 7-17-2019  
Your Signature / Date

**Response:**

Signature of Treatment Team Member / Date

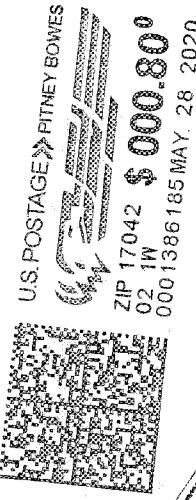
**STEP 2** If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

Your Signature / Date

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Thank you for taking the time to let us know how you feel. We want to use this information to improve our services to you.

Joel Silberman  
1706 Swinton Ave  
Lebanon PA 17042  
ATT 13 b7



RECEIVED  
SCRANTON  
JUN 1 2020  
FBI — DEPUTY SPK

United States middle district court house  
William T. Nelson Federal Bldg. @ 6th & Locust St.  
235 North Washington Ave

P.O. Box 1148

Scranton PA 18501-1148  
1650134148 E0399